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Bib Data Sheet

CONFIRMATION NO. 7852

<b>SERIAL NUMBER</b> 09/955,013	<b>FILING DATE</b> 09/10/2001 <b>RULE</b>	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2613	<b>ATTORNEY DOCKET NO.</b> VI-3	
<b>APPLICANTS</b> Robert S. Smith, San Jose, CA; <b>** CONTINUING DATA *****</b> <i>Yes HP</i> THIS APPLN CLAIMS BENEFIT OF 60/231,513 09/09/2000 <b>** FOREIGN APPLICATIONS *****</b> <i>None HP</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 10/18/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>HP</i> Examiner's Signature <i>HP</i> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Robert Samuel Smith 1263 EMORY STREET SAN JOSE, CA 95126					
<b>TITLE</b> Coordinated audio/ visual omnidirectional recording					
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		